

BMH Healthwise

Brattleboro Memorial Hospital
Caring for our community

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The chance of a woman having invasive breast cancer some time during her life is about one in eight, with the chance of dying from the disease about one in 33. Breast cancer is the most common cancer among women, other than skin cancer. It is the second leading cause of cancer death in women, after lung cancer. Nearly 179,000 women in the United States will be found to have invasive breast cancer in 2007, and some 40,000-plus women will die from the disease this year. At this point in time, there are slightly more than two-million women living in our country who have been treated for breast cancer.

But, breast cancer death rates are going down, and the reason for this decline is partly the result of finding the cancer earlier and improved treatment. And, now for the first time, the incidence of breast cancer dropped. This may be attributable to fewer women taking hormones after menopause, more use of preventive therapy, and possibly fewer women getting mammograms. The disease, however, is still with us, so it is wise to pay attention to knowing the risks and getting proper screenings.

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BMH Outpatient Building Update

BMH has received all necessary permits to begin construction of the new outpatient building. The hospital received its Act 250 permit on December 12, 2006. The Environmental Court appeal by one neighbor was dropped on March 13, 2007. Barry Beeman, hospital president stated, "We are pleased the new Outpatient Building can go forward with the community's full support. The new building and renovation project is very necessary for BMH to continue to meet the community's need for high quality medical services."

The groundbreaking ceremony for the new BMH Outpatient Building will be held just before construction of the building begins in June 2007. The building will be completed in December 2008.

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The architect's rendering (elevation plan) above depicts the general location of the new BMH Outpatient Center, which is shown as the darker building behind the Medical Office Building (left front) and the so-called Pavilion area (to the right). The glass section (middle of drawing) is an entrance from the front side of the hospital that will allow handicap access to the Brew Barry Conference Center. Another covered handicap access to the new building will be available on the backside of this drawing where new parking spaces will also be provided.

BMH Welcomes New Physicians

THE MEDICAL STAFF at Brattleboro Memorial Hospital recently welcomed internist Amy S. Gadowski, MD, and oncologist Mary D. Chamberlin, MD, to its active roster. Dr. Gadowski is practicing internal medicine part-time with Brattleboro Primary Care in the Gannett Building. Dr. Chamberlin joins fellow oncologists James M. Nickerson, MD, and Letha E. Mills, MD, in the BMH cancer unit. For more information about these two new BMH physicians, see below.

BMH also welcomes three doctors to the consulting/courtesy staff: Brett C. Hynninen, MD, physiatrist (physical medicine and rehabilitation); general surgeon (on-call) Thomas H. Lewis, MD; and dentist Robert S. Ruhl, DMD.

Subject to approval by the board, both family practitioner Kathleen Renee Burgess, MD, and rheumatologist Nicholas Bartenhagen, MD, will be joining the BMH Medical Staff in the next few months. For more information about all these doctors, see next page.

INTERNIST JOINS BMH MEDICAL STAFF

Amy S. Gadowski, MD, has joined the medical staff at Brattleboro Memorial Hospital. She practices internal medicine part-time with Brattleboro Primary Care in the Gannett Building.

Dr. Gadowski received her doctor of medicine at University of Vermont College of Medicine after which she received her bachelor of arts degree from Colby College in Waterville, Maine. She served her residency in internal medicine at Dartmouth-Hitchcock Medical Center. Dr. Gadowski is certified by the American Board of Internal Medicine.



Dr. Amy S. Gadowski

Dr. Amy Gadowski, a native Vermonter, is married to BMH general surgeon Gregory R. Gadowski, MD, FACS. The Drs. Gadowski live in Dummerston with their three young children.

More information or an appointment with Dr. Amy Gadowski may be made by calling 802-258-3905.

BMH Welcomes New Oncologist to Medical Staff

The medical staff at Brattleboro Memorial Hospital recently welcomed **Mary D. Chamberlin, MD**, to its Oncology Department. Dr. Chamberlin joins fellow oncologists James M. Nickerson, MD, and Letha E. Mills, MD, and also Agnes Mikijaniec, NP, in the BMH cancer unit.

Dr. Chamberlin, a medical oncologist, received a bachelor of science degree from Cornell University in Ithaca, NY, after which she received her doctor of medicine at the University of Vermont. While a student at UVM, she had rotations with BMH physicians, Dr. Tortolani, Dr. Metsch, and Dr. Haydock.



Dr. Mary D. Chamberlin

Dr. Chamberlin did both her internship and residency in internal medicine at Fletcher Allen Health Care (FAHC), after which she had a research fellowship with the Department of Immunology at FAHC. This was followed by her medical oncology fellowship at Dartmouth-Hitchcock Medical Center (D-HMC) in Lebanon, NH.

Dr. Chamberlin is certified by the American Board of Internal Medicine and is board-eligible for her certification in Medical Oncology. Before coming to BMH, she was an attending physician at the VA Medical Center in White River Junction, VT, and a hospitalist (internal medicine) at Fletcher Allen Medical Center. Dr. Chamberlin was a fellow at D-HMC from 2004-2006, and is currently associated also with Dr. Nickerson and Steven Larmon, MD, at the Cheshire Medical Center in Keene.

The new BMH oncologist, who lives with her husband and their three daughters in Westminster West, VT, has a professional interest in platelet and clinical research at D-HMC.

Dr. Chamberlin's outside non-clinical interests include driving her daughters around town, volunteering with school events, cross-country skiing, hiking, gardening, and cooking. In addition, she enjoys poetry and art.

Healthwise is published for our patients and their families, our friends, and our community two times a year by Brattleboro Memorial Hospital.

EDITOR

Barbara Z. Gentry

GRAPHICS

Nancy Burgess

Please call the editor if you have comments about this newsletter and/or suggestions for future articles.

Thank you.

BMH Welcomes New Members to Courtesy Medical Staff

BMH is welcoming a physiatrist* to its medical staff for the first time. **Brett C. Hynninen, MD**, will be at the hospital every other Friday as an adjunct to the orthopedic practices of Drs. Thatcher, McLarney, and Vranos.

* *specialist in physical medicine and rehabilitation*

Dr. Hynninen received his Doctor of Medicine at New York Medical College (Valhalla, NY) and served his internship and his residency in physical medicine and rehabilitation at University of Kentucky in Lexington. His last year there, he was Chief Resident of Physical Medicine and Rehabilitation. Dr. Hynninen is also in private practice with Pioneer Spine and Sports Physicians with an office in Greenfield, MA. He is certified by the American Board of Physical Medicine and Rehabilitation and the American Board of Electrodiagnostic Medicine. Dr. Hynninen has received various awards in addition to making national presentations and writing abstracts. Among other professional organizations, he belongs to the International Spinal Injection Society. His special interests include the spine, spinal injections, musculoskeletal medicine, electrodiagnostic medicine, and both sports and industrial medicine.

Thomas H. Lewis, MD, a general surgeon, will serve as an on-call physician covering for our active staff surgeons one weekend a month. He received his Doctor of Medicine at the University of Vermont College of Medicine, and served a general surgery internship and his residency at Dartmouth-Hitchcock Medical Center (NH). Dr. Lewis had a fellowship in colon and rectal surgery, and is board certified by the American College of Surgeons and is a member of the American Society of Colon & Rectal Surgeons. He was just recently re-certified in general surgery.

BMH, in supporting a community need, recently made provisions for dental patients requiring anesthesia. This service is for two- to eight-year-old children and developmentally disabled

adults who would otherwise be unable to receive dental care, and whose physical health could be compromised without this service. To provide this care, **Robert S. Ruhl, DMD**, was recently welcomed to the BMH courtesy medical staff to practice this hospital-based dentistry and endodontics. Patients will see him before and after the procedures in his office. **For more information about this new BMH program and/or how to qualify for the "BMH Bright Smiles" dental program, see p. 10.**

Dr. Ruhl received his Doctor of Medical Dentistry at the Temple University School of Dental Medicine in Philadelphia, PA. He did post-graduate work in oral medicine, and is a member of various dental associations. Dr. Ruhl also practices at Southwestern Medical Center in Bennington, Vermont. BMH recently received a grant to help fund this community program.

Two Physicians to Join BMH Pending Board Approval

Kathleen Renee Burgess, MD, a family practitioner, is planning to open a practice on August 5th. Dr. Burgess is coming to BMH most recently from the Franklin County Community Health Center, where she was a part-time physician while caring for her new daughter. Once on staff, Dr. Burgess will practice out of an office at 63 Belmont Avenue, sharing space with Drs. Tortolani and Sczesny.



Dr. Kathleen Burgess

Once here, Dr. Burgess will be accepting new patients, so watch for further information and her telephone number in the newspaper this summer, or check it out on the BMH website: www.bmhvt.org.

Dr. Burgess's educational history starts with graduation from The Bronx High School of Science (NY), after

which she received a bachelor of science degree in biology from Haverford College (PA). She served as a laboratory teaching assistant while obtaining her undergraduate degree.

Dr. Burgess was awarded her Doctor of Medicine degree from the State University of New York at Stony Brook School of Medicine, during which time she served as research assistant in several projects.

Dr. Burgess completed her residency in family medicine at University of Maryland. While a student there, she did a research project on the identification of abused women. Dr. Burgess also served as caretaker for her brother following major head trauma. Her main medical interest is to serve the special needs of women and children.

Rheumatologist **Nicholas Bartenhagen, MD**, will be joining the BMH Medical

Staff with an office in Brattleboro as of October, 2007, pending board approval. Dr. Bartenhagen has been associated most recently with Cheshire Medical Center and



Dr. Nicholas Bartenhagen

Dartmouth-Hitchcock Keene. Prior to that, he practiced rheumatology for 11 years in Pennsylvania at the Guthrie Clinic where he was chief of the department, and director of its osteoporosis diagnostic units. Dr. Bartenhagen received his Doctor of Medicine at Medical College of Virginia, after which his residency was served at SUNY Upstate Medical Center in Syracuse, NY. He was a fellow at Yale-New Haven Hospital, CT in the mid-'70s. Dr. Bartenhagen's appointment will serve to replace former BMH rheumatologist Dr. Patek who retired from the BMH Medical Staff earlier this year. The contact information for Dr. Bartenhagen will be available as the time of his actual arrival nears.

EARLY BREAST CANCER DETECTION IS KEY *Continued from front page*

Risks Factors in Developing Breast Cancer

- age (85% of women w/breast cancer have no risk factor other than getting older)
- had breast cancer in the past
- have one or more close relatives - such as a sister - who had the disease, especially before age 40
- are physically inactive
- have a breast condition linked to cancer such as atypical hyperplasia
- went through menopause after age 55
- began menstruating before age 12
- are obese after menopause
- have tested positive for mutations in breast cancer genes

Screening Is Important

No one, including your doctor, knows your breasts better than you, so a woman should give herself a breast self-exam (BSE) every month at about the same time following her period, starting at age 20. It is very helpful for a woman to know what is normal for her...every-one is different. A regular BSE can prevent unnecessary biopsies and fear. Women between ages 20 and 30 should have a regular breast exam with a clinical healthcare worker every three years. Perhaps most important, women should get yearly mammograms starting at age 40 (earlier if breast cancer risks are high).

Mammography can detect breast cancer in the early stages - when it's most treatable. "In fact, it may detect cancer several years before a lump can be felt," according to BMH radiologist, Dr. Ed Elliott.

BMH surgeon and breast specialist Joseph Rosen, M.D. says, "On average, if breast cancer is detected two to three years sooner, the chance of a cure increases by 20-30%."

Brattleboro Memorial Hospital has state-of-the-art equipment and excellent radiologists to read the mammograms, and also offers the "Soft Mammogram" which provides for a woman's better comfort all while still obtaining an equally correct diagnosis. A lump is not

the only way breast cancer shows up, as it turns out.

The beginnings of breast cancer in up to half of all cases involves microcalcifications - specks of calcium found in an area of rapidly dividing cells. "A mammogram is the best way to detect this early sign of breast cancer," according to BMH radiologist, Dr. Michael Resnik, who further states, "Catching these abnormal cells before they grow out of control is key to treating breast cancer."

Should there be a suspicion of possible breast cancer due to a changing lump, a biopsy needs to be done. There are many types of breast biopsies. BMH offers a stereotactic procedure which precludes the need for a procedure in the operating room involving general anesthesia. The biopsy is viewed by a pathologist who will determine if there are cancer cells, after which the patient and her doctor can decide a course of action.

Perhaps you have heard or read about having an MRI to detect a cancer that didn't show up (was not visible) in a routine mammogram. A study published in the March issue of the *New England Journal of Medicine* followed 969 women who had a recent diagnosis of breast cancer in one breast, and found that the MRI was sometimes able to detect breast cancer in the other breast even when the mammogram had been read as normal. But we need to remember there are no MRI studies showing cures, yet, and that the women tested were at the highest risk (women who already had cancer). A problem with having an MRI if this isn't the case is that because the MRI is highly sensitive, it can pick up breast changes that are not cancer - or false alarms - which then leads to a higher incidence of biopsies and fear. It's also important to keep in mind that an MRI is very expensive and, at this time is reserved for the high-risk patient and for those undergoing cancer therapy planning with their physician. And another consideration is that, unless a patient

falls within the current American Cancer Society (ACS) recommendations, most insurance companies won't cover it. Hence, the ACS and most breast imaging researchers feel that the responsible use of MRIs for the evaluation of the breast should be focused on patients with a high probability of breast cancer.

"Let's not forget the role of the annual mammogram, though, as this is still the best way to detect early breast cancer," said Dr. Christopher Ladner, another BMH radiologist.

BMH Offers Free "Look Good, Feel Better" Breast Care Programs

Offered through the BMH Breast Care Program and Oncology Department, Brattleboro Memorial Hospital offers a new free service called "Look Good, Feel Better" for women in cancer treatment or who are going through recovery and who want to be in charge of their lives. The program was started last fall when local cosmetologists Linda Barry and Joanna Terry of Cottage Hair Studio brought it to our hospital. They are among only five such volunteers in Vermont who went through the training to help them facilitate the program.

The next "Look Good, Feel Better" program is scheduled for Monday, June 11th, 1:00-3:00 PM in Tyler Conference Center at BMH.

The program is also sponsored in part by the American Cancer Society (ACS). The cosmetologists from Cottage Hair Studio supply products and expertise to cancer patients to help them feel more beautiful. The sessions help women learn techniques about make-up and skin care (products to be supplied by ACS), along with talking to them about options related to hair loss such as wigs, turbans, and scarves. For further information about this program and/or the BMH services, or to register for this free class, contact Gloria Solar at 802-251-8437, or call the BMH Oncology Department at 802-257-8221 and speak to Maureen Mansfield.

Hospital Performance Improvement Plan Focuses on Quality/Patient Safety

by Mary L. Morgan, VP Quality/ Patient Safety



Mary L. Morgan
VP Quality/ Patient Safety

*“Quality health care means doing the right thing at the right time...
in the right way... for the right people – and having the best results.”*

—Agency for Healthcare Research and Quality

“In the race for Quality, there is no finish line.”

—David T. Kearns

PERFORMANCE IMPROVEMENT is a process where data on a specific process is collected, analyzed and information from data analysis is used to make changes that improve performance, ensures the quality of care received, maintains patient safety and improves patient outcomes.

It is a continual process of evaluating the processes and protocols we employ in our everyday operations to continually look for ways to provide quality, evidence-based care.

Brattleboro Memorial Hospital (BMH) plans for the delivery of patient care through a systematic process of assessing, planning, designing, implementing, measuring, and evaluating the services it provides. The mission and vision of the organization drive this planning effort. BMH's Performance Improvement Plan guides this process.

Rapid Response Team Initiated

One example of how the process of performance improvement positively affected how care is delivered at BMH is an initiative supported by the Institute for Healthcare Improvement (IHI) called “Rapid Response Team”. Studies show that the failure to recognize a patient's deteriorating condition often leads to variability in both quality of care and the safety of patients in health care today. This performance improvement initiative at BMH was originally piloted by a group of eight hospitals in 2002. They worked with the Institute for Healthcare Improvement to analyze

inpatient mortality and to test the IHI hypothesis that a combination of evidence-based interventions can reduce mortality rates. This study led to the Rapid Response Team initiative.

The program reduces mortality and also the number of “Code Blue” (crash) calls, which are still used when there is a clear case of cardiopulmonary arrest (heart-stopping event). The Rapid Response Team is composed of clinicians such as a respiratory care practitioner and a nursing supervisor – in collaboration with the physician – who bring critical care expertise to the patient. Getting help to patients before a Code Blue event increases their likelihood of survival.

Started in March, 2006, the Rapid Response Team has led to a significant improvement in patient care. As of December of that year, the Team was called to the bedside of 21 patients, 11 of whom were able to remain in their room and not have to be moved to the Special Care Unit. This past year there were just four Code Blue events. During the same time period in the year earlier (when the Rapid Response Team was not yet available) there were nine Code Blue events. These numbers indicate that the Performance Improvement Initiative at BMH, endorsed by the IHI, has led to better patient outcomes and better patient care.

An additional benefit from the initiative came with focused analysis of data of all Rapid Response Team calls. This data identified a select group of patients

experiencing similar symptoms following a particular procedure. The result was that a specialized team of physicians, nurses and therapists worked together to revise the patient care plan of these like patients, resulting in improved patients' response to care.

Reduction of Infections Strived For

Another focus of the performance improvement plan at BMH this year is to reduce the risk of healthcare-associated infections in our patients. There has been increased public focus on infections and the risks associated with infections. BMH has implemented guidelines supported by the Centers for Disease Control and Prevention (CDC). One of these guidelines is on hand hygiene. This hand hygiene initiative involves education of the staff and the public, standardized location of hand sanitizers throughout the hospital, and surveys of hand hygiene compliance. Other risk reducing strategies endorsed by the IHI are also being implemented. These include interventions supported by evidence to reduce the risk of pneumonia in patients in the intensive care unit on ventilators (machines that assist breathing) and interventions to reduce risk of infections in patients with a certain type of access for intravenous fluids known as central line catheters.

As these initiatives demonstrate, Performance Improvement assists BMH in fulfilling its mission:

“To provide community based quality health services delivered with compassion and respect.”

BMH Outpatient Building Update *Continued from front page*



View of the proposed BMH Outpatient Building from the Maple Street side shows landscaping five years out.

Parking to Improve

A temporary parking lot has been constructed in front of the Dunham building to replace the 18 spaces which will be lost during construction. In June, BMH will lease a nearby lot for use by all BMH affiliated students and BMH employees on a volunteer basis. The shuttle lot will free up 12 employee parking spaces for use by patients, easing the parking crunch on the hospital campus. Once the new lot associated with the Outpatient Building is put into use, the parking situation on the BMH campus will improve permanently with the addition of 28 spaces.

The new BMH Outpatient Building will provide private, modern, comfortable space for the following departments: oncology, women's imaging, Breast Care Program, peri-operative assessment, X-ray, and lab blood drawing facilities. The BMH Outpatient Building will also provide new convenient space for orthopedic surgeons' offices, the BMH Comprehensive Care Clinic, nuclear medicine, outpatient cardiology testing, and physical and occupational therapy (2009). Once these departments move, the space crunch in some other areas of the hospital will ease.

BMH looks forward to getting this project underway in order to be able to offer the community even better services with a great new facility! For further information about the BMH Building Project, you may contact Prudence MacKinney, VP Planning, at 802-257-8367.

Cornerstone Pediatrics Grant Continues for Third Year

CORNERSTONE PEDIATRICS of Bellows Falls has received funding for the third year of a grant from the Fanny Holt Ames & Edna Louise Holt Fund. The fund provided \$32,000 to Cornerstone Pediatrics for FY2007 to continue the work of "Jumpstart for a Healthy Life: A 3-year Project to Treat and Prevent Childhood Obesity."

"Jumpstart" seeks to expand opportunities for children in the Greater Falls community to become more physically active and to eat more healthfully. The project also offers opportunities for families with overweight and obese children to receive nutrition counseling on modifying eating behavior and physical activity patterns in keeping with new national child nutrition standards.

Community activities to date have included an analysis of weights and the diets of Cornerstone Pediatric patients, a town-wide celebration of family fitness — "Moving & Grooving in Bellows Falls," winter sports, and "Girls on the Run" programs for students at Central Elementary School. "Cooking for Life," a free, six-week cooking and nutrition course is offered from time to time in tandem with Our Place Drop-In Center of Bellows Falls and the Vermont Campaign to End Childhood Hunger (for teens 11 to 14). Call Susan at Our Place (802-463-2217) for information on the next course.

For more information about the "Jumpstart for a Healthy Life" project, visit: www.jumpstartbellowsfalls.com. To learn more about Cornerstone Pediatrics, call 802-463-2020, or check out the website at www.cornerstonepedsvt.com.

Cornerstone Pediatrics provides multi-faceted healthcare to more than 800 children and teenage patients in the Bellows Falls area. The renewal of the Holt grant allows Cornerstone to continue offering a wide range of services in the community, including efforts to educate and motivate families to become more physically active, in addition to teaching them how to "eat smart." Other efforts include literacy and early childhood education projects.

Pediatricians Susan Slowinski, MD, and Valerie Rooney, MD, have a special interest in the complete well-being of their pediatric patients and their families. They look forward to continuing to provide healthcare for the Greater Falls area at Cornerstone Pediatrics, and to focus efforts on stopping the growing epidemic of childhood obesity in our community and the nation.

Just So Pediatrics Featured in National Magazine

Just So Pediatrics was recently featured in the national publication, *Contemporary Pediatrics*. The article, which was written by Judith Asch Goodkin, was published as a result of a contest entry by Just So pediatrician Jane Katz Field, MD. The contest required answers to questions posed in an earlier issue.

One theme of the article addressed the fact that pediatric practices don't often make much money, particularly in a rural area such as where we live. The writer (and surveyor, Dr. Andy Schuman who came to the office for the interview with the pediatricians at Just So) were quite praiseworthy of the doctors and their practice, saying they clearly care for their patients and families, while citing that they're more than likely not in it for the money.

To view the article, go to the BMH website at www.bmhvt.org and click on BMH in the Media.

In addition to Dr. Field, Karen Moreau, MD, and Jan McGonagle, MD, also practice at Just So Pediatrics which is affiliated with Brattleboro Memorial Hospital. The Just So office can be reached by calling 802-254-2253.

BMH Organizational Ethics Committee – Five Years Old

This year marks the fifth anniversary of the hospital's Organizational Ethics Committee (OEC), which serves as a catalyst and conduit for the entire organization to raise, deliberate, and resolve any issues regarding organizational ethics.

Over the years, a sampling of those issues has included the role of pharmaceutical companies in event sponsorship, disclosure to patients of unanticipated outcomes, treatment of family members, and treatment of bariatric patients.

The idea to form the OEC began several years ago, when it became apparent that various ethics issues didn't fit the framework or mix of representatives on the hospital's long-standing Clinical Ethics Committee, which focuses on clinical decisions affecting patient care versus management decisions affecting patient care. In 2001, the hospital Board of Trustees assigned a task force to investigate the idea of forming an Organizational Ethics Committee. The task force was chaired by then-board member Jim Keyes and included Anderson, Daly, Puchalski, and Linda Houston, LPN. They pored over policy manuals, various committee reports, code statements, and other literature to develop a proposal that outlined the benefits, purpose, core values, scope, role, structure, and initial goals of the OEC. They also solicited and compiled a list of organizational ethics issues identified by hospital departments and committees.

In January 2002, the Board approved the recommendation to form a standing Organizational Ethics Committee with the main functions of:

- Reviewing, monitoring, and overseeing the organization's activities to ensure that they are following the Code of Ethics and the Organizational Ethics Policy.



The eight members of the BMH Organizational Ethics Committee were photographed following a meeting. They are (l. to r.): Katherine Anderson, VP, Patient Care Services (Administration); Anne Wainwright (Secretary); Jan Puchalski (Compliance); Robin Heald (Human Resources); Nancy Lord (Clinical Ethics Committee member); Dr. John Daly (Physician); Kirsten Beske, Organizational Ethics Committee Chair (representing hospital Board of Trustees); and Donna McElligott (representing the community).

- Recommending changes in policies to better reflect and follow the mission and goals of the organization.
- Ensuring that necessary orientation, education, counseling and support are available to personnel so they can meet and comply with the standards outlined.
- Providing support, consultation and direction as necessary to individuals and committees in decision making.
- Providing the conduit where organizational ethics issues can be raised and deliberated so an agreed-upon course of action can be achieved.

Above and beyond these functions, the main premise behind the OEC is to emphasize that individuals as well as departments/groups at the hospital have responsibilities for upholding the organization's core values and Code of Ethics; that all of us must ensure that we uphold our responsibility to patients, families, staff, physicians, volunteers, outside organizations, and the community overall. As Jim Keyes wrote in a March 11, 2002, memo to hospital committee chairs and department leaders, "We need to operate within a blame-free environment in order to

build trust, confidence and be in a position to have open, meaningful dialogue, in order to positively influence our overall mission."

The OEC reports to the Board of Trustees and collaborates closely with department leaders, staff, other committees, the medical staff, and administration. Information about the OEC is presented to new employees during orientation, to managers during leadership orientation, and to the BMH community in general via periodical information/educational meetings, memorandums, and *Gauzette* articles.

OEC members meet the second Friday of every other month at 7:30 a.m., unless a consultation request prompts a meeting sooner. Any individual or group can make a consultation request by contacting a committee member. Copies of the request form are also online in the Public Share Folder/Administration. Copies are also available in the Office of the Vice President for Patient Care Services and in the Patient Care Units.

As it has in the past, the OEC is planning to approach BMH committees this spring to seek input on any organizational ethic issues that may need to be addressed at BMH.

A List of Basic Charges at BMH

We strive to provide the best patient care experience for every patient, every time. We are providing this information to help answer some of your questions about our charges. The charges listed represent a small number of the most common charges asked for by our patients. These charges represent the average charges for a given inpatient or outpatient case. Average charges are estimates. Because every patient receives treatment based on their individual clinical needs, the charge to each patient will vary. Actual charges vary based on services delivered and medical condition. Additional tests or services not listed in the estimate may be ordered by your doctor or provider in order to treat, diagnose, or care for individual needs. Your out-of-pocket expense will depend upon your individual insurance coverage terms.

With the exception of the Emergency Department and a few other diagnostics tests, all of the charges listed here are from Brattleboro Memorial Hospital only. Your doctor, surgeon, radiologist, anesthesiologist, and other specialists are independent practitioners and will provide separate bills for their services.

These estimates of charges are valid through September 30, 2007.

Inpatient care is often classified by DRG which stands for "Diagnosis Related Group". Medicare uses the DRG code, along with a diagnosis and procedural codes, age, and the length of the inpatient stay to determine payment for each case. The following table provides average gross charge information for the types of inpatient care provided most often at BMH.

DRG CODE	DESCRIPTION	AVERAGE HOSPITAL CHARGE 2007
373 & 391	Vaginal delivery (includes normal newborn care)	\$ 6,300
371 & 391	C-section (includes normal newborn care)	\$11,700
544	Hip or Knee replacement* (unilateral)	\$25,500
127	Heart Failure	\$10,200
89	Pneumonia (adult) with complications	\$10,400
359	Surgical procedures of the uterus or ovaries (not cancer)	\$ 9,800
88	Chronic Lung Disease (emphysema)	\$11,300
182	Irritation or ulcer of the esophagus or stomach in adults with complications	\$ 7,200
174	Bleeding from the stomach or intestine with complications	\$13,900
140	Cardiac (heart) chest pain	\$ 7,600
14	Specific Cerebrovascular Disorders Except Tia	\$11,600
296	Dehydration with complications	\$13,000
143	Chest pain not due to heart disease	\$ 7,700

** Type of prosthesis or device used contributes significantly to the total charge. The charge for these items can vary widely.*

The following table provides average charge information for some procedures commonly performed as outpatient procedures at BMH.

CODE	DESCRIPTION	AVERAGE HOSPITAL CHARGE 2007
04.43	Carpal tunnel release	\$2,500
13.41	Cataract extraction w/lens implant (one eye)	\$3,700
20.01	Ear tubes (myringotomy)	\$3,600
45.23	Colonoscopy (flexible screening of large colon)	\$1,450
45.24	Sigmoidoscopy (flexible screening of descending colon)	\$ 660
51.23	Gall bladder surgery (laparoscopic)	\$6,600
53	Hernia repair	\$4,300
80.2	Arthroscopy (knee or shoulder)	\$3,000
80.6	Excise knee cartilage	\$4,300

CPT stands for Current Procedural Terminology. CPT codes are five digit codes that are recognized by all insurance companies, hospitals, and physicians. These codes are used by the insurance companies and providers to identify the type of care you receive.

The following charges are the actual charge for the specific tests or scans. Additional tests or supplies not listed may be ordered by your doctor or provider in order to treat, diagnose, or care for individual needs.

CPT CODE	LAB TESTS	HOSPITAL CHARGE 2007
80061	Lipid profile	\$ 57
81001	Urinalysis	\$ 16
82947	Glucose	\$ 20
84153	Prostate specific antigen (PSA)	\$ 95
85025	Complete blood count with auto diff (CBC)	\$ 40
86850	Antibody detection	\$ 48
86900	ABO type (blood typing)	\$ 16
87430	Strep test - group A antigen	\$ 59
87490	Chlamydia test, DNA direct probe	\$104
88142	PAP screen, thin layer	\$105

The Imaging charges listed below are for Brattleboro Memorial Hospital only. Windham Radiology will bill independently for the services of their radiologists.

CPT CODE	RADIOLOGY	HOSPITAL CHARGE 2007
71010	Chest X-ray (single view)	\$159
71020	Chest X-ray (two views)	\$159
71030	Chest X-ray (multiple views)	\$159
72020	Spine X-ray	\$159
77080	Bone density scan (often in combination with spine xray above)	\$265
76856	Ultrasound, pelvis, complete	\$345
CPT CODE	MRI SCANS	HOSPITAL CHARGE 2007
70551	Brain & Stem without contrast	\$1,275
72141	Cervical Spine & canal without contrast	\$1,275
73721	Major joint of lower extremity without contrast	\$1,275
72148	Lumbar Spine without contrast	\$1,275
CPT CODE	CT SCANS	HOSPITAL CHARGE 2007
70450 & 76377	Head without contrast and multi-planar reformatting	\$754
71250 & 76377	Chest without contrast and multi-planar reformatting	\$754
72192 & 76377	Pelvis without contrast and multi-planar reformatting	\$754
74160 & 76377	Abdominal with contrast and multi-planar reformatting	\$1300
<i>additional charge for contrast medium varies with type and amount</i>		
CPT CODE	MAMMOGRAPHY	HOSPITAL CHARGE 2007
76057 & 76052	Bilateral screening and computer aided diagnostic	\$229
76056 & 76052	Bilateral diagnostic and computer aided diagnostic	\$240

The hospital's policy is to write off accounts as Charity Care if documented income levels are below 300% of the federal poverty guidelines. BMH will also discount balances 3% for patients without insurance if payment is made within 30 days of first statement. Please contact Financial Counseling for information regarding these discounts.

If you would like additional information or have a specific question, please contact us at:
 Financial Counseling: 802-257-8240 or Patient Ombudsman: 802-257-8244

New 'BMH Bright Smiles' Dental Program

If you ask most adults how they feel about going to the dentist for extensive dental work, they will generally be less than enthusiastic. For some very young children and adults with serious developmental disabilities requiring extensive dental work, the challenge may be almost impossible.

Inadequate parent education about preventive measures, such as proper gum and tooth cleaning, lack of supplemental fluoride, and intake of foods and beverages with high sugar content contribute to serious dental disease in children. One of the most challenging dental problems in very young children is "nursing bottle mouth." This occurs when young children have repeatedly been put to bed with a juice or milk bottle. Bacteria build up in the mouth and cause teeth to become brown and soft, and subject to decay. Resulting gum and tooth infections can lead to recurring systemic infections, if the tooth decay is not treated.

The "BMH Bright Smiles" program is being offered in collaboration with Dr. Robert Ruhl of Wilmington, area dentists, primary care physicians, and BMH Perioperative and Anesthesia staff. They will provide dental procedures under general anesthesia to patients from the BMH service area. This type of outpatient procedure can safely be provided in a hospital operating room, where general anesthesia is administered by board-certified anesthesiologists throughout the procedure, and dental needs can be met to ensure better overall health. Depending on the severity of the problem, treatment may take between one and a half to three hours to complete.

Dr. Ruhl has recently become a credentialed member of the BMH medical staff to offer the 'BMH Bright Smiles' program to children who are referred to him by dentists or physicians.

He will see the child in his office to verify that he/she is a candidate for the program, discuss the program with the parents, and make arrangements to enter the child into the program. Dr. Ruhl says, "This program is for those children who have advanced dental disease management issues which make it impossible to treat them in the regular office practice setting." Dr. Ruhl sees patients with various dental insurances, self-pay, or Dr. Dynosour. Once the procedure is completed, patients are referred back to their family dentist for continuing care.

BMH recently received official notification that they will be receiving a \$16,000 grant for its "Bright Smiles" program. Among the many applicants for this grant, only five were chosen - BMH being one - with the understanding that the hospital will provide access to surgical dental services for approximately 24 Medicaid-eligible patients each year. The grant will be used to purchase necessary dental equipment to enable efficient use of the hospital operating room for dental surgical procedures.

BABY SAFE HAVEN AVAILABLE NOW AT BMH

BMH was recently designated a Safe Haven, meaning any person may bring a baby, up to 30 days old, to a Safe Haven in Vermont. They may do so without fear of being arrested or charged, as long as the baby has not been abused or neglected. To be covered by this law, the person with the baby MUST hand it to a volunteer or employee of a Safe Haven. The baby cannot be abandoned as this will lead to criminal charges.

Now that the hospital is assigned as a Safe Haven, if a baby is brought to BMH, it would more than likely occur to a staff person in the Emergency Department or to a volunteer at the front desk. All appropriate people have been trained accordingly.

The Safe Haven Bill was signed into law on May 2, 2006. This law came into effect because of a couple very sad and unique cases:

On May 25, 1987, a baby girl was found abandoned at a rest area off I-91 in Putney. She was found by a maintenance worker and rushed to the hospital with severe hypothermia and a body temperature of 61 degrees.

On May 16, 1991, a state employee was out for a walk and found a baby girl abandoned in Hubbard Park in Montpelier. The baby was identified as a newborn one to three days old, weighing 4 lbs. 12 ozs.

People leaving the baby are not required to provide any information. The person receiving the infant at BMH may ask the baby's first name and date of birth. They have the option of handing the hospital staff a completed Safe Haven form that has more detailed information on it. Once the staff member or volunteer has taken in the baby, they are trained to call 911 and notify them that BMH has a Safe Haven baby.

For further information, you may contact Debbie Partrick, Birthing Center Nurse Manager, at 802-257-8228.

BMH Patient Satisfaction Scores Increase

Members of the CardioRespiratory Services at BMH recently celebrated great Press Ganey scores. The department was feted at a special breakfast buffet.

CardioRespiratory achieved an overall mean score of 93.6% for the months of April 2006 thru March 2007. Areas where the department scored significantly higher than other departments included courtesy of receptionist (96.9); overall rating of care (98.5); and skills of technicians/therapists (98.6). And this just names a few areas.

When compared to the other CardioRespiratory departments in New Hampshire and Vermont, the BMH department is in the 99th percentile, meaning that only 1% of

“When compared to the other CardioRespiratory departments in New Hampshire and Vermont, the BMH department is in the 99th percentile, meaning that only 1% of those hospitals scored higher.”

those hospitals scored higher.

Press Ganey has been used by Brattleboro Memorial Hospital to measure patient satisfaction for a number of years. The survey questions are designed to reflect how patients feel about the overall care they received. The responses are rated by using a five-point Likert scale from “very poor” to “very good”. The department uses consistent communication (scripting) strategies to help increase overall score and patient satisfaction, and it clearly works!

Environmental Services Also Raises Scores

Environmental Services, which takes care of the cleanliness of the hospital, also raised its Press Ganey patient satisfaction scores dramatically. The increase in their numbers is due in part to the new initiative of scripting, now called *Consistent Communication*, where staff learns a few key phrases which they say in their own words, but which impart a sense of real caring to the patient. All BMH staff members *do* care for their patients and families, but *Consistent Communication* helps.

BMH continues to work on instituting the use of *Consistent Communication* in departments across the hospital. We know it works, so we are planning to work it. Stay tuned!

Marie Gill Named Employee of the Year

MARIE GILL, RN, was named Employee of the Year for 2007 at the recent BMH Employee Recognition Dinner, held at the American Legion. She was nominated by a number of her fellow Birthing Center staff, among whom was Debbie Partrick, relatively new Director of the Department. It was because of Debbie’s respect from her staff – which includes Marie – that Marie ended up going to the party at all. It seems she had just come off a 12-hour shift, and called Debbie to tell her she was just too tired. Debbie is reported to have said, “But Marie, you promised!” Marie didn’t think twice after that because everything Debbie has said she would do (that she could) she has done, so Marie felt it her duty to act the same way. Good thing, because she shouldn’t have missed such a great event for such an excellent employee.

Among her many accolades, Marie was nominated for her enthusiastic approach as a preceptor; for her expert, compassionate and non-judgmental care; and for her dedication to her patients, to the community, and to BMH. New moms have been heard to say that Marie makes them feel like they are her only patient.

But Marie takes her care outside the walls of BMH, caring for the community as a visiting nurse where she provides follow-up care for new moms and babies once they leave the hospital. She provides clothing and formula for babies in need, and recently donated a hand-made quilt to the Boys and Girls Club in Bellows Falls.

Marie, consistently and routinely praised on the patient satisfaction surveys, exemplifies the BMH vision. We all congratulate Marie on her great work ethic, and on her being named BMH Employee of the Year for 2007!



BMH President/CEO Barry Beeman presented Birthing Center nurse Marie Gill, RN, with the flowers she holds when he named her the 2007 BMH Employee of the Year at the recent annual Employee Recognition Dinner. Marie was nominated by her department director Debbie Partrick, RN, and fellow Birthing Staff nurses Dawn Kersula, Aimee Creelman, and Gloria Baldwin. Their collective statement in the nomination was, “Marie is never too busy – moms feel like they are her only patient, even when she’s running from room to room.” Congratulations, Marie!

BMH WINS NATIONAL AWARD FOR ELIMINATING TOXIC MERCURY

Brattleboro Memorial Hospital was recently recognized as a leader in improving patient, community, and environmental health in being awarded the Making Medicine Mercury-Free Award. This award was presented by Hospitals for a Healthy Environment (H2E). The prestigious national award commends BMH for outstanding efforts to eliminate mercury from the healthcare system.

“We believe that our mission to promote the health of our community includes protecting the environment,” said BMH CEO Barry Beeman. “Making our community healthier by replacing mercury devices in our facility with safe and effective alternatives just makes sense. We are proud to be recognized for our efforts.”

“By eliminating mercury wherever possible, BMH is demonstrating to its

patients, employees, and community that mercury and its associated risks have no place in health care,” according to Laura Brannen, Executive Director of Hospitals for a Healthy Environment. “There are safe and cost-effective alternatives to mercury. BMH deserves our thanks for addressing this critical threat to our health and the environment.”

The Making Medicine Mercury-Free Award is a one-time award given to facilities that have met the challenge of becoming virtually mercury-free. Facilities must take several steps to qualify for the award. To learn more, visit www.h2e-online.org.

Brattleboro Memorial Hospital became a partner with Hospitals For A Healthy Environment in December, 2006. Richard Nelson, the Director of Environmental Services submitted an application for the H2E Mercury Free

Award. With information gathered from nursing supervisors, the Director of the Pharmacy, the Director of Laboratory Services, and the Director of Plant Services, Richard was able to document that Brattleboro Memorial Hospital had replaced all mercury-containing patient care equipment, such as blood pressure monitors and thermometers, with equipment that did not contain mercury. The application was extensive and required detailed documentation. There were follow-up inquiries from the H2E judges that required a response. It was very gratifying to have this hospital-wide advance in environmental safety and to be recognized and awarded by Hospitals For A Healthy Environment.

Summer Cycling Kickoff scheduled for May 19th

Bring your families and friends to the BMH/Meeting Waters YMCA “Summer Cycling Kickoff” to prepare for and celebrate a summer of cycling fun! This event, scheduled from 10 – 12 noon in the BMH parking lot, will include cycling maintenance, safety and training tips, and nutrition information. Safe Kids will provide bicycle helmets at reduced cost and will be checking everyone for proper helmet fit. There’ll be a Kids Bicycle Safety Challenge event – all children who ride the course in a safe manner will receive a personalized bicycle license. Plus supplies will be on hand to decorate bikes and trikes in your favorite colors.

So join us in celebrating the beginning of a great season of cycling and prepare for the **BMH Century Ride**



Cyclists pedal through Main Street at the start of last year’s BMH Second Century Ride.

3-level family bicycle ride on Saturday, August 25, 2007. Go to our website for more information: www.bmhvt.org.

MEDITERRANEAN DINING AT BMH IN MAY

On Wednesday, May 23rd, Brattleboro Memorial Hospital will host another Mediterranean Dining: A Healthy Approach to Living. This is a chance to enjoy delicious, healthy food at this popular BMH healthy dining event. The low-fat fare served at these BMH dinners is based on food eaten by people living in the Mediterranean area. A vegetarian entrée will also be offered.

The speaker is Jeff Harr, MD, coordinator of the BMH Cardiac & Pulmonary Rehab program, who will talk about weight loss. The dinner is open to the public, although seating is limited. Reservations must be made by the Friday before the dinner by calling 802-257-8331. Please specify if you want the vegetarian entrée. The cost for the dinner is \$9.95 per person.

BMH Welcomes New Director of Birthing Center & Offers Congrats to New Ass't VP

Deborah Partrick, RN, BSN, was welcomed earlier this year to the BMH Birthing Center where she is the new Nurse Manager. Deb brings an extensive background in health care including, but not limited to, high risk labor and delivery, and prenatal, OR, hospice, teaching, and nursing leadership experience. She has moved here from upper New York state to take the position, and her husband, a pharmacist, will follow shortly.



Deborah Partrick, RN, BSN

Mary Urquhart, RN, was recently promoted to Assistant Vice President, Patient Care Services. With her new title comes direct supervision of the Emergency Department and its physicians, along with the Department of Community Health and Hospital Education. The current VP of Patient Care Services will continue to be responsible for the Perioperative, CardioRespiratory, and Anesthesia Departments.



Mary Urquhart, RN

BMH VP for Planning Earns Advanced Credential

Prudence MacKinney, BMH Vice President of Planning & Professional Services, recently became a Fellow of the American College of Healthcare



Prudence MacKinney

Executives (ACHE). This credential is awarded by the nation's leading professional society for healthcare leaders.

BMH President/CEO Barry G. Beeman said, "I am very pleased that Prudence has become an ACHE Fellow. It demonstrates achievement of a standard of excellence in healthcare leadership. Healthcare management ultimately affects our patients and the people in the community we serve."

MacKinney started at BMH in 1989, and was named Vice President in 1992. In addition to her duties as a planner and a leader of a number of the ancillary and clinical departments at BMH, MacKinney is serving as the point person for the BMH Outpatient Building Project. She is on the board of Building a Better Brattleboro and the Windham County Community Advisory Committee of Blue Cross Blue Shield.

MacKinney received her undergraduate education at University of Pittsburgh and has a master's degree in healthcare administration from the University of Massachusetts.

BMH Nurse Earns Certification

Brattleboro Memorial Hospital Perioperative Supervisor Jennifer Herrick, RN, recently earned the CNOR credential (Certified Nurse Operating Room), a professional designation specifically designed for nurses whose practice emphasis is in providing nursing care in the surgical setting. Certification recognizes the professional achievement demonstrated when an individual nurse's knowledge in the perioperative role exceeds that which is necessary for competency in practice. It indicates the attainment of a practice standard—licensure and registration are based on minimum competence while certification denotes proficiency.

Nurses earning the CNOR certification are valuable members of the health-care team. In 2005, the Competency & Credentialing Institute (CCI), the certifying body for operating room nurses, conducted research that showed certified nurses are more confident in their clinical abilities and have a strong commitment to quality patient care and continuing education. Results supported the belief that patients were also more confident in the care they receive from a certified nurse. Nurses highly value certification and often seek it to fulfill intrinsic rewards such as professionalism and accountability.

BMH Engages in Strategic Planning Process

In January, 2007, BMH launched a process to result in a new three-year strategic plan. The plan will be completed this summer. The planning activities include a comprehensive environmental assessment, including a summary of recent community health needs assessments, input from the Board, Leadership teams and Medical Staff, and two off-site planning retreats. The work will result in choosing top priority strategies to pursue to help BMH achieve its vision of providing the *best patient care experience to every patient every time*, and of *creating the best place to work for our employees, medical staff and volunteers*. A summary of the strategic plan highlights will be included in the Fall 2007 edition of *Healthwise*.



Journey to Excellence

The BMH Service Excellence initiative has been in place for several years. Utilizing the data from our Press Ganey patient satisfaction surveys completed by our patients, programs have been implemented to improve patient satisfaction across the organization. Information gathered from the comments and scores these surveys yield to BMH is used to guide the efforts we make as an organization to provide the best possible care for our patients.

Our recent development of Standards of Behavior and house-wide training on these Standards is an example of one of these initiatives. All staff members were expected to attend these trainings and to hold themselves accountable to the Standards.

Recently, the Service Excellence Committee chose “Journey to Excellence” as the new name for the committee and their efforts. Plans for the future include a variety of ways to recognize and reward excellence in the work place. They also include training and implementation of a new program to communicate information to patients, families and visitors.

The work of the Journey to Excellence committee has been determined to be one of the organizational goals of our hospital. It is supported by the enthusiasm and creativity of its members.

Christin Fagan, who has been Director of Volunteers at BMH for 15 years, now also heads the Journey to Excellence team. Reflecting this additional responsibility, her title at BMH was revised to Director, Service Excellence & Auxiliary/Volunteer Support.

TRUTH OR CONSEQUENCES: Tough Choices Ahead for Health Care

by M. Beatrice Grause, R.N., J.D.

The House just passed the state’s fiscal year 2008 budget. Legislators lamented that competing budget priorities like education, energy, transportation and, of course, health care made this one of the toughest budgets ever. And they’re right.

As both employers and health care providers, hospital leaders are very sympathetic with these difficult choices, but as with all choices there will be consequences. Vermont’s Medicaid program is by far the state’s largest health plan, covering almost one in four residents. Unlike private sector health plans, Medicaid doesn’t negotiate the fees it is willing to pay. Instead, it unilaterally sets the price it will pay for the services doctors, nursing homes, hospitals and other care-givers provide. For years, Medicaid’s rates haven’t covered the cost of the care (not the prices, but the actual cost of providing care) provided to Vermont’s Medicaid beneficiaries. Recently, Medicaid rates to most providers have been cut dramatically or have not included even inflationary increases.

The consequences of these chronic underpayments are being seen today: higher premium prices, not enough doctors and dentists, no local skilled nursing home care. When Medicaid underpays physicians and dentists, the ultimate consequence is that they leave the state or close their practice to Medicaid beneficiaries because they can’t afford to build a practice based on Medicaid patients at current payment rates. Just go to the provider lookup at www.VTMedicaid.com to see how few physicians accept new Medicaid patients (particularly in the areas of mental health, obstetrics, pediatrics, and dentistry). Underpayments also cause nursing homes to close or stop taking Medicaid patients like Genesis nursing home did when they closed in Morrisville three months ago.

There are no easy solutions. Current state revenues are not growing fast enough to pay for the state’s growing health care budget (or our education, transportation and other budgets, for that matter). At the same time, recently-enacted reforms like Catamount Health (the privately-offered, publicly-subsidized health insurance for uninsured Vermonters) and the Vermont Blueprint for Health (the state’s chronic care program) – both of which hospitals and doctors supported because they will strengthen our health care system – will require continued investments. But these needed reforms will not “pay off” in reduced health care expenses in the near term, largely because our aging population will fuel increased health care demand for many years to come. Raising taxes exacerbates an already significant tax burden on working families and adults and means that some will leave. Their exodus shrinks the state’s tax base, making it even harder to keep revenues in line with state expenses.

Problems of this magnitude cannot be solved in a single legislative session, even under the best of circumstances. Vermont needs to create a process that will produce a multiple-year, bipartisan strategic plan to help avoid Vermont’s impending budget crisis. Essential parts of this process include having fact-based, frank conversations with the public about the choices and challenges residents face and a forthright review of what the government provides and what we as a society can afford. Vermonters have a long history of doing the right thing. Unless we all face the truth about where our state is headed and do something about it, we will all continue to pay the consequences.

A financially stable health care system is an important foundation for a sound economy and is imperative to our patients. Our hospitals are doing their part to help create thoughtful, viable solutions. We encourage you to contact your elected representatives to talk about these important issues.

M. Beatrice Grause is President and CEO of the Vermont Association of Hospitals and Health Systems, a non-profit organization whose vision is for a high quality, financially stable health delivery system affordable for all Vermonters.

Capital Campaign Update



Co-chairmen of the BMH Capital Campaign "Building for Excellence" Former Senator Robert T. Gannett (far left) and Mark Richards (middle) flank BMH CEO Barry Beeman as they hold check from The Thomas Thompson Trust for \$625,000 toward the new outpatient building project. Thompson Trust trustees William Tyler, Susan Monahan, and Al Fortier presented the hospital this generous contribution at the Annual Meeting in December.

The "Building on Excellence" Capital Campaign continues to move at a brisk pace. Actively meeting and soliciting charitable support are the Advanced Gifts, Medical Staff, Major Gifts, and Business & Corporate divisions. Several of the campaign divisions have held receptions, tours, and informational meetings to explain the need for the building project to prospective supporters.

In addition to the many visits by the various Campaign division volunteers, presentations have been made to both Brattleboro Rotaries and visits to other local civic groups are being scheduled. A visit and tour was arranged for Sabina Haskell, Editor, and Martin Langeveld, Publisher of the *Brattleboro Reformer*.

Five-hundred copies of the DVD with interviews of past and current patients at BMH is being distributed. BCTV agreed to air it on the local cable TV station. The "Case for Support" outlines the need for the building project and solicits community support. These informational pieces are available through the Development Office.

Ellen Lowery of The Trust Company of Vermont continues to help keep our web presence current, posting our newspaper ads, articles, and newsletters. She is working on getting the DVD up as well.

So, you can see there are a lot of people working on the BMH capital campaign and, therefore, a lot of people to thank. It is because of them that we have raised over \$1.5 million to date. Thank you all so much; we are well on our way.

Tours have been a big hit thanks to Chris and Mileva Brown, Mark Richards, Jon Secrest, and Peter Carvell who helped get the word out with timely letters to the editor at the *Brattleboro Reformer*. A number of individuals shared that they came for a tour as a result of these letters.

If you wish to schedule a tour of the current BMH facility to gain insight as to the real need for the BMH Outpatient Building Project, please call the Development Office at 802-257-8314. We'd be delighted to show you around.

BMH Clambake Slated for July 21st

We will be hosting the **22nd Annual BMH Clambake & Auction** again this year with a number of exciting changes.

The **Annual Clambake & Auction** has been an event that many in the community have looked forward to year after year, but had become increasingly labor intensive and was not raising the charitable support originally intended. So, a group of community individuals met to decide how best to raise charitable support for BMH and continue with this much-loved tradition.

The results of these discussions were that the Clambake would continue because people love BMH and want to support their community hospital, and because it brings new residents into the BMH community. Highlights of this year's Annual Clambake & Auction are a live auction with unique opportunities and gift packages for your bidding, and entertainment (TBA). Although there is no actual program booklet this year, there are opportunities for advertisers to support BMH through sponsorships.

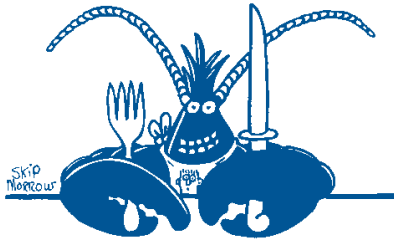
These changes will allow a greater percent of individual and business donations to go directly for hospital services and equipment as we're sure the businesses intend. So, committees are busy working on this annual hospital event. If you are interested in helping, or a sponsorship, please call Ellen Smith, the Director of Development at 802-251-8485, or e-mail her at esmith@bmhvt.org.

The traditional clambake fare will be offered again this year at the same \$40 ticket charge. Tickets will be available after June 15th by calling the Development Office at 802-257-8314.

So, save the date—July 21st and watch for more information.

22nd ANNUAL

CLAMBAKE



& AUCTION

Please join us
for
Brattleboro
Memorial Hospital's
22nd Annual
Clambake & Auction.

SATURDAY, JULY 21, 2007

Call 802-257-8314 for tickets
after June 15.

SAVE THE DATE!



2nd CENTURY RIDE

Saturday, August 25, 2007 • Starts at 8 am –
Brattleboro Memorial Hospital

Registration 7 - 7:30 am – BMH parking lot

Registration form available at BMH website: www.bmhvt.org

Forms also available in BMH front lobby and local bike shops

Choose 25K, 50K or 100K historic route

Water bottles available to first 200 registrants

For more information, go to www.bmhvt.org, or call 802-257-8331.

*Ride for your health and help us continue our
celebration of 100 years of caring at BMH!*



Brattleboro Memorial Hospital

Caring for our community

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Mission

Brattleboro Memorial Hospital
will provide community-based
health services delivered
with compassion and respect.

Vision

Best patient care experience—
every patient; every time
Best place to work—
employees / volunteers / medical staff

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